

# Foster Family Home - Corrective Action Report

Provider ID: 1-579576

Home Name: Luz Vea, CNA

Review ID: 1-579576-5

1582 Hoonipo Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 12/3/2018

End Date: 12/5/18

## Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFH recertification review made on 12/3/18. Corrective Action Report issued during home visit with all items due to CTA by 1/3/19.


6.(d)(1) - see applicable sections of the review

## Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current Blood Borne Pathogen for new CG #3.

  
Compliance Manager

  
Date

  
Primary Care Giver

  
Date



Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: VEA's Foster Home Care  
CCFFH Address: 1582 Hopmire St  
Pearl City HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(9)	I received a current blood borne pathogen certificate from C2H3 and placed in my CTA binder	12/4/18	I have placed all expiration dates for blood borne pathogen for all C2H3's on my computer calendar. I have set the reminder for 1 month prior to expiration.

Primary Caregiver's Signature: \_\_\_\_\_

*Veronica A. Lee*

Print Name: \_\_\_\_\_

Lee A. VEA

Date of Signature: \_\_\_\_\_

12/4/18